

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lob	byist(s) <u>Maura</u>	M. Westo	<u>n</u>	
II. Name of lobi	byist's partnership, firm or c	corporation, if any:		
MMN	Veston + Ascaci	ater PLL	1_	
	Veston + Associ	orporation)		
PO BOX	990	Concord	NH	03302
Business Address:	, ,	•	(State)	(Zip Code)
(1003) 224 · 1 (Teleph	4077 (403 hone)	(Fax)	e-mail Maura	e MMWaton. on mi
	nent covers: (Choose one – fil ense transactions which are r			y file a separate report for
✓ All reportab	le transactions occurring in the	e months prior to the	reporting date relative to the	e following client:
Derry 1	Medical and (Full Name of Client as i	Londonder tappears on the Lobby	ry Fumily Prisit Registration Form	active_
<u>OR</u>				
	e transactions by the lobbyist (particular client.	including the lobbyi	st's family), or the lobbying	firm listed below which are
IV. Date of Rep	port April 26, 2017		July 26, 2017	
Reports cover:	activity from date of registration	on to 3/31/17	ctivity from 4/1/17 to 6/30/17	
	October 25, 2017 activity from 7/1/17 to 9/3	0/17	January 31, 2018 _ activity from 10/1/17 to 12/31/	117
	e been no fees received and ecked, complete just this form a 3301.			
VI Check if ad	lditional reports are attached	l•		
	received fees or made expend		Addendum A- Fees and Ex	penses
	paid an honorarium or reimbu			
∐ If you, your	firm, or your family has made	political contributio	ns, you must file Addendu	m C- Political Contributions
I have read RSA	ent/Affirmation by Lobbyist A 15, RSA 15-B, RSA 14-C and the best of my knowledge and	d RSA 664 and herel I belief.	by swear or affirm that the f	oregoing information is true
	7h/\		<u> 4-24-17</u> (Dat	
(Signature of To	obbyist)		(Dat	e)
Maura M (Print Name of	M. Weston lobbyist)			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Maura M. Weston					
II. Name of lobbyist's partnership, firm or corporation, if any:					
MM Weston & Associates, PLLC (Name of partnership, firm or corporation)					
III. Name of Client Derry Medical and Londonderry	√_ Date				
III. Name of Client Derry Medical and Londonderry Family Practi	il				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or public relations service				
a) Total of all fees received in this reporting period	a) \$ 18,000				
b) Total of all fees received this calendar year, prior to this reporting period b) \$ (This should equal the total of all prior monthly reports for this calendar year)					
c) Total of all fees received to date (Add lines a and b)	c) \$				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$				
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report is Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai expenses; (b) the aggregate total of a le: meals purchased during a business stan \$10 that is given to the person ed with a value of \$25.00 or less); an orting period of greater than \$25.00 four of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$				
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$				
a) Total of all itemized expenditures reported in detail in section VI	a) \$				

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 18 000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$

Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
1200	4-26-17
(Signature of lobbyist)	(Date)
Maura M. Weston	
(Print Name of lobbyist)	